## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1441	140
OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours per respons	se:16.00

SEC USE ONLY						
Prefix	Serial					
DATE REC	CEIVED					
1.						

0805/201	SECTION 4(6), AND/OR		DATE RECEIVED
UNIFO	ORM LIMITED OFFERING EXEM	PTION L	•
Name of Offering ( check if this is an amend	dment and name has changed, and indicate change.)		
Private offering of limited partnership interest			8 <u></u>
	Rule 504 🔲 Rule 505 💟 Rule 506 💟 Section 4(6)	) 🔲 ULOE	Wall Process
Type of Filing:	ent		Mail Processing Section
	A. BASIC IDENTIFICATION DATA		-√UL 3 0200H
1. Enter the information requested about the iss	suer		_
Name of Issuer ( check if this is an amendme	ent and name has changed, and indicate change.)		Weshington, De
Sharp Landor Investments, LP			1000 DC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Nur	nber (Including Area Code)
843 Knapp Drive, Montecito, CA 93108	<u> </u>	(805) 969-5969	<u> </u>
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Nu	mber (Including Area Code)
Same	· · · · · · · · · · · · · · · · · · ·		
Brief Description of Business			
Private investment fund	•		PROCESSED_
Type of Business Organization	· -	<del></del>	Х.
	ited partnership, already formed other (	please specify):	AUG 0 6 2008
	Month Year		THOMSON REUTER
Actual or Estimated Date of Incorporation or Orga		mated	IIIOMOON REGIER
	nter two-letter U.S. Postal Service abbreviation for Stat		
	CN for Canada; FN for other foreign jurisdiction)	DE	
GENERAL INSTRUCTIONS			
Federal: Who Must File: All issuers making an offering of s 77d(6).	ecurities in reliance on an exemption under Regulation D	or Section 4(6), 17 (	CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the earlier of	on 15 days after the first sale of securities in the offering f the date it is received by the SEC at the address given t ed States registered or certified mail to that address.	<ol> <li>A notice is deem below or, if received</li> </ol>	ed filed with the U.S. Securities dat that address after the date on
Where To File: U.S. Securities and Exchange Co	mmission, 450 Fifth Street, N.W., Washington, D.C. 20	)549.	

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDE	INTH	FICATION DATA				
2. Enter the information re	quested for the fol	lowing:							·
<ul> <li>Each promoter of t</li> </ul>								٠	
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to voi	te or dispose, or dir	ect the	e vote or disposition (	of, 10°	% or more o	f a clas	s of equity securities of the issuer.
Each executive off	icer and director o	l' corpor	ate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
Each general and n	nanaging partner o	f partne	rship issuers.						
Check Box(es) that Apply:	✓ Promoter	<b>⊋</b> E	Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, i									
Sharp Landor Capital Ma		C4-	City Cree 2' C	4.1					
Business or Residence Addre 843 Knapp Drive, Monted		Street, (	City, State, Zip Co	ide}				•	
Check Box(es) that Apply:	Promoter	<b>∠</b> E	Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Sharp, Robert	f individual)								
Business or Residence Addre	ss (Number and	Street.	City, State, Zip Co	de)					<u> </u>
c/o Sharp Landor Capital	•		•	-	ecito, CA 93108				
Check Box(es) that Apply:	✓ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Dorland, Dodge	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)	75/5				
c/o Sharp Landor Capital	Management, L	LC, 84	3 Knapp Drive, I	Mont	ecito, CA 93108				
Check Box(es) that Apply:	Promoter	F	Beneficial Owner		Executive Officer	Ö	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	,							
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								• .
Business or Residence Addre	ss (Number and	Street, (	City, State, Zip Co	de)	<del></del>				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				-				
Business or Residence Addre	ss (Number and	Street, (	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								

Business or Residence Address (Number and Street, City, State, Zip Code)

	B. INFORMATION ABOUT OFFERING													
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes [	No <b>⊠</b>				
2.	and the second s									s_50,	000.00			
										Yes	No			
3.										K				
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful N/		Last name	first, if indi	vidual)										
		Residence	Address (N	umber and	I Street. Ci	ity, State, Z	(ip Code)			<del></del>				
						<u>.</u>	<u>.                                    </u>			······			·	
Nai	me of Ass	sociated Br	oker or Dea	aler										
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<u>.</u>					
	(Check	"All States	or check	individual	States)				·····	•••••		☐ All States		
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR	
Ful	l Name (	Last name	first, if indi	ividual)	<del></del>					••				
Bu	siness or	Residence	Address (1	Number an	d Street, C	Sity, State,	Zip Code)	<u></u>		·		<u> </u>		
Na	me of As:	sociated Bi	oker or De	aler						<del></del>				
Sta	tes in Wi	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	or check	individual	States)		***************************************		·····			. All States		
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR	
Ful	l Name (	Last name	first, if indi	ividual)										
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)								***************************************	☐ Al	l States				
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI								MN OK	HI MS OR WY	MO PA PR			

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	•	_	
	Debt		
	Equity	S	s
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	_	
	Partnership Interests		
	Other (Specify)	S	\$ <u>·</u>
	Total	100,000,000.0	0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		,
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		s
	Rule 504		S
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<u></u> -	\$
	Legal Fees	_	\$ 20,000.00
	Accounting Fees	<b></b>	<u> </u>
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	S
	Other Expenses (identify) Copying, filing fees, communication charges, misc.		\$ 5,000.00
	Total	_	\$ 25,000.00

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C—proceeds to the issuer."	ing price given in response to Part C — Question Question 4.a. This difference is the "adjusted gros	is	\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗌 \$	\$
	Purchase of real estate		. 🔲 \$	
	Purchase, rental or leasing and installation of mac and equipment	hinery	🔲 \$	_ 🗆 \$
	Construction or leasing of plant buildings and faci	ilities	🔲 \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	.         \$	
	Repayment of indebtedness	•		_
	Working capital			
	Other (specify):		. 🗆 \$	_ 🗆 🖺 \$
			\$	_ [] \$
	Column Totals		🗸 \$ <u>0.00</u>	99,975,000.0
	Total Payments Listed (column totals added)	_	9,975,000.00	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Comm	ission, upon writt	ule 505, the following en request of its staff,
Issi	uer (Print or Type)	Signature 60 0 00	Date	
Sh	narp Landor Investments, LP	Cue U Bull	July 23, 2008	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
ric	A. Brill	Attorney in fact for Robert Sharp, Manager, Sharp	p Landor Capital Ma	inagement, LLC

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

